

EXHIBIT L



Provo Police

Officer Report for Incident 25PR01087

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Nature: M AGENCY ASSIST
Location: PR110

Address: 1928 N 1120 WEST ST
Provo UT 84604

Offense Codes:

Received By: Tucker C PR

How Received: T

Agency: PRPD

Responding Officers:

Responsible Officers: Burgoyne, C PR

Disposition: CLO 01/16/25

When Reported: 14:36:00 01/16/25

Occurred Between: 14:33:56 01/16/25 and 14:39:04 01/16/25

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant: 703556

Last: HART

First: CLAIRE

Mid: LARAYNE

DOB: [REDACTED]

Dr Lic: [REDACTED]

Address: [REDACTED]

Race: W

Sex: F

Phone: [REDACTED]-9979

City: [REDACTED]

Alert Codes:

Offense Codes

Reported: AGNC Agency Assist

Observed: AGNC Agency Assist

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Additional Offense: AGNC Agency Assist

Circumstances

ARHWY Highway Road Or Street

BUSPV Business-private

BODY Bodycam

MEDT Medical Treatment with Transpo

Responding Officers:

Unit :

Burgoyne, C PR

2J3423

Stika J (PR)

2J3356

Responsible Officer: Burgoyne, C PR

Agency: PRPD

Received By: Tucker C PR

Last Radio Log: **:**:** **/**/**

How Received: T Telephone

Clearance: CRO Cleared, Responding Officer

When Reported: 14:36:00 01/16/25

Disposition: CLO **Date:** 01/16/25

Judicial Status:

Occurred between: 14:33:56 01/16/25

Misc Entry:

and: 14:39:04 01/16/25

Modus Operandi:

Description :

Method :

Involvements

Date

Type

Description

01/16/25

Name

HART, CLAIRE LARAYNE

Complainant

01/16/25

Cad Call

14:36:00 01/16/25 M AGENCY ASSIST

Initiating Call

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Narrative

Thu Jan 16 15:18:40 2025

On 1/16/2025 at approximately 1500, I responded to 1928 N 1120 W for a drugs call. The complainant advised that she had been drugged. Upon arrival, I made contact with the female who was hysterical and upset. She advised that she was recommended to be seen at Singularism by her therapist and that they had tricked her into taking Psilocybin. She also advised that they give her 4-5g. It was hard to get any other information out of her because she was so hysterical and was yelling and paranoid. Paramedics responded and transported the female to Utah Valley Hospital to be evaluated. No further action taken.

Responsible LEO:

Approved by:

Date

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Supplement

CAD Call info/comments

=====

14:35:17 01/16/25 - Tucker C PR
rp stating she has been drugged and is being scammed
14:36:01 01/16/25 - Tucker C PR
CaseId PzDDcRpE5j created in IntelliComm. Access case via the following URL:
<https://app.apcointellicomm.net/case/PzDDcRpE5j>
14:36:01 01/16/25 - Tucker C PR
Case ID: PzDDcRpE5j
14:36:46 01/16/25 - Tucker C PR
rp stating she was given psilocybin
14:37:12 01/16/25 - Tucker C PR
CHIEF COMPLAINT M DRUGS
14:37:12 01/16/25 - Tucker C PR
New Card M DRUGS from LE
14:37:18 01/16/25 - Tucker C PR
claire is outside the building
14:37:27 01/16/25 - Tucker C PR
rp is north of waffle love
14:38:10 01/16/25 - Tucker C PR
rp is in a veh; not responding to dispatch
14:38:36 01/16/25 - Tucker C PR
rp yelling erratically and stating therapist recommended this facility
14:39:00 01/16/25 - Tucker C PR
EDITED rapidsos showing 1945 N 1120 W PR; 12.7 m
14:43:01 01/16/25 - Gillis, H PR
01/16/2025 14:40:34Gotay, B PR
ABAN 911, NO ANSWER ON CB 2X

01/16/2025
14:40:43Gotay, B PR
CaseId xWjTBwYoox created in IntelliComm. Access case via
the following URL: <https://app.apcointellicomm.net/case/xWjTBwYoox>

01/16/2025 14:40:43Gotay, B PR
Case ID: xWjTBwYoox

01/16/2025
14:40:50Gotay, B PR
RP YELLING

01/16/2025 14:41:04Gotay, B PR
RP SAYING

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SHE HAS BEEN DRUGGED

01/16/2025 14:41:49Gotay, B PR
RP'S THERAPIST
DRUGGED HER, PSLOPSYBIN

14:44:34 01/16/25 - Gotay, B PR
RP IN WHITE TOYOTA RAV4
14:45:42 01/16/25 - Gotay, B PR
URGENT RAPIDSOS SHOWING THEM AT 1921 N 1120 W
14:45:58 01/16/25 - Gotay, B PR
RP SCREAMING, HYSTERICAL
14:46:43 01/16/25 - Gotay, B PR
RP'S BROTHER IS WITH HER
14:47:39 01/16/25 - Gotay, B PR
EDITED NEITHER OF THEM RESPONDING TO DISPATCH ANYMORE
14:48:41 01/16/25 - Hill, L PR - From: Burgoyne, C PR
PINNACLE BUSINESS PARKING, UNABLE TO LOCATE

14:49:26 01/16/25 - Gotay, B PR
EDITED THEY ARE PARKED NEXT TO ALLSTATE ON 1120 W
14:56:14 01/16/25 - Hill, L PR - From: Burgoyne, C PR
FEMALE REQUESTING PARAMEDICS

14:57:14 01/16/25 - Hill, L PR
Fire Dispatch Address change from 1796 N 950 WEST ST; WAFFLE LOVE PR to 1921 N
1120 WEST ST; ALLSTATE
15:13:08 01/16/25 - Makuakane, S PR - From: Burgoyne, C PR
C4

15:15:00 01/16/25 - Makuakane, S PR
Nature change from M DRUGS to M AGENCY ASSIST

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Supplement

14:36:00 01/16/2025 MEDICAL ASSIST J. STIKA

Address: 1928 N 1120 WEST ST

I backed Officer Burgoyne on a female claiming she had been drugged. Upon arrival, I found a female sitting in the passenger seat of a vehicle, extremely distraught. She was yelling and crying uncontrollably. She made several statements about being "lied to", "tricked", and even stated "It's a scam!" She was referring to her therapist giving her mushrooms. It is unknown how or why she was allowed to leave the facility in this state. Or, why the facility did not call for assistance from EMS.

I attempted to help calm her down but I was unsuccessful. Medical was dispatched and she was transported to Utah Valley Hospital for emergency treatment.

Her ex-husband was sitting in the driver's seat. He told me they had given her a large dose in amount 4grams.

J. STIKA, 3356

Provo Police Department

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Supplement

Fri Jan 17 15:24:52 2025

On 1/17/2025, I conducted a follow up at Claire's residence and took a statement from her. She advised that she had gone to Singularity voluntarily and knew what she was taking. She also advised that she was administered 4mg of Psilocybin in the form of a tea. Claire has been to this facility before but was given a lower dose last time. She told me that for the first few hours she was fine but then she started to become paranoid and the treatment facility called her emergency contact to come and pick her up. Nothing further

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Name Involvements:**Complainant :** 703556**Last:** HART**DOB:** [REDACTED]**Race:** W**Sex:** F**First:** CLAIRE**Dr Lic:** [REDACTED]**Phone:** [REDACTED]-9979**Mid:** LARAYNE**Address:** [REDACTED]**City:** [REDACTED]



Prehospital Care Report

Patient Information

Name: Hart, Claire

Age: 33 Years

D.O.B.: [REDACTED]

Address: [REDACTED]

Gender: Female

Race: White

Provider Impression

Primary Impression: Overdose/Drug Ingestion

Narrative

Narrative: Medic ambulance 23 was dispatched to a 31-year-old female having a bad trip from psilocybin. Law-enforcement was already on scene and request requested medics. Upon arrival the patient climbed into the ambulance for evaluation. An attempt was made to evaluate her vitals. Her heart rate was elevated, and her oxygen saturation was normal, however, she pulled off the blood pressure cuff before we could get a reading. The patient was very emotional, upset, and agitated. The patient was screaming, but not violent or aggressive. The patient's ex-husband was on scene, and his presence seemed to help with her agitation. The decision was made to transport the patient to the hospital to wait for the trip to be over in a controlled environment. The patient agreed with this decision and signed a report. The patient's ex-husband accompanied us to the hospital and road in the back of the ambulance with us. The ex-husband stated that she had no medical history that he was aware of besides anxiety and depression. There were no changes during transport. Care was transferred to a nurse in the emergency department at Utah Valley Regional Medical Center.

Past Medical History

Patient Medications

Medication	Dosage	Route
Not Recorded		

Pregnancy: Unable to Complete

Assessment Exam

Time

01/16/2025 15:26:24

Assessment Summary

01/16/2025 15:26:24	
	Detailed Findings
<i>Location</i>	<i>Description Details</i>
Mental Status	Agitation Hallucinations
Normal Findings	
Not Done	

Unit Notified: 01/16/2025
14:56:22

Patient Name: Hart, Claire

Date Printed: 01/21/2025 08:58

Incident #: 250000253

Call #: C9374711

Patient Name: Hart, Claire

Patient Condition

Complaint Type	Complaint	Duration
Chief (Primary)	Psilocybin bad trip	1

Alcohol/Drug Use: Patient Admits to Drug Use

Primary Symptom: Altered mental status

Vehicular,
Pedestrian, or Other
Injury Risk Factor:

Activities

Vitals

Time	BP	Limb	Pulse	Rhythm	Resp	Effort	SpO2	Qual	CO2	GCS	Pain	Stroke Scale	PTA	RTS	Pt. Position
01/16/2025 15:04:17	/		120		28		95			14			No		

GCS

Time	Eye	Motor	Verbal	Score Qualifier
01/16/2025 15:04:17	Opens Eyes spontaneously (All Age Groups)	Obeys commands (>2Years); Appropriate response to stimulation	Confused (>2 Years); Cries but is consolable, inappropriate interactions	Not Applicable

Call Type/Location/Disposition

Cardiac arrest: Psychiatric Problem/Abnormal Behavior/Suicide
Attempt

Resp. Mode: Emergent (Immediate Response)

Transport Mode: Emergent (Immediate Response)

Destination: UTAH VALLEY HOSPITAL
1034 NORTH 500 WEST
Provo, UT 84604

Response: 911 Response (Scene)

Dest. Determ.: Closest Facility

Location: Street and highway

Incident Address: 1796 N 950 WEST ST
Provo, UT 84604

Response Delay: None/No Delay

Trauma Center
Criteria:

Transport Delay: None/No Delay

Response Times and Mileage

PSAP: 01/16/2025
14:36:00

Incident Number: 250000253

Disp. Notified: 01/16/2025
14:36:00

Call Sign: MA23

To Dest: 1.2

Unit Disp.: 01/16/2025
14:56:22

Veh. #: MA23

Enroute: 01/16/2025
14:59:55At Scene: 01/16/2025
15:01:21

Scene Odom: 0

Depart: 01/16/2025
15:05:40

Dest. Odom: 1.2

Arrive Dest.: 01/16/2025
15:09:40In Service: 01/16/2025
15:28:45

Unit Personnel

Crew Member	Level of Certification	Role
Briggs, Matthew	EMT-Paramedic	
Francis, Sydney	EMT-Basic	
Hawley, Jeremy	EMT-Paramedic	

Unit Notified: 01/16/2025
14:56:22

Patient Name: Hart, Claire

Date Printed: 01/21/2025 08:58

Incident #: 250000253

Call #: C9374711

McGregor, Brandon

Patient Name: Hart, Claire
EMT-Paramedic**Billing Information****Payment:** Insurance**Insurance Information**

Company Name	Company City	Company State	Insurance Policy #	Relationship
United Healthcare			951141361	

Signatures**Type of Person Signing:** EMS Primary Care Provider (for this event)**Signature Reason:** EMS Provider**Paragraph Text:****Status:****Signature Graphic:****Printed Name:** Matthew Briggs**Signature Date:****Type of Person Signing:** EMS Primary Care Provider (for this event)**Signature Reason:** EMS Provider**Paragraph Text:****Status:****Signature Graphic:****Printed Name:** Sydney Francis**Signature Date:****Type of Person Signing:** EMS Primary Care Provider (for this event)**Signature Reason:** EMS Provider**Paragraph Text:****Status:****Signature Graphic:****Unit Notified:** 01/16/2025
14:56:22**Incident #:** 250000253**Patient Name:** Hart, Claire**Date Printed:** 01/21/2025 08:58**Call #:** C9374711

Patient Name: Hart, Claire**Printed Name:** Matthew Briggs**Signature Date:** 01/16/2025 15:15:09**Type of Person Signing:** Patient**Signature Reason:** HIPAA acknowledgement/Release; Permission to Transport; Permission to Treat; Release for Billing**Paragraph Text:**

I understand that I can access Provo City Fire's Notice of privacy practices on the Provo City Fire Department's web page located at <http://www.provo.org/fire.hippa.html>

Release for Billing

I, the undersigned, understand that i am legally responsible for all charges and request that the payment of authorized benefits be made on my behalf to Provo City for any ambulance service provided. I authorize any holder of medical information or documentation about me to release to the Centers for Medicare & Medicaid Services, CMS, and its agents and/ or other insurance carriers, as well as to Provo City, any information or documentation, needed to determine these benefits or benefits payable for related services provided now or in the future.

I, the undersigned, understand that I am legally responsible for all charges and request that the payment of authorized benefits be made on my behalf to Provo City for any ambulance service provided. I authorize any holder of medical information or documentation about me to release to the Centers for Medicare & Medicaid Services, CMS, and its agents and/ or other insurance carriers, as well as to Provo City, any information or documentation, needed to determine these benefits or benefits payable for related services provided now or in the future. I am aware and agree that a monthly service charge of 1-1/2% per month (18% APR) will be charged on all accounts over 90 days, with a minimum charge of fifty cents per month. If collection is made by suit or otherwise, patient and/or responsible party agrees to pay service charges until paid, collection costs of 50% of the remaining balance, and all attorney fees and court costs. I understand that I can access Provo City Fire's Notice of privacy practices on the Provo City Fire Department's web page located at <http://www.provo.org/fire.hippa.html>

Status:**Signature Graphic:****Printed Name:** Claire Hart**Signature Date:** 01/16/2025 15:15:56**Type of Person Signing:** Healthcare Provider**Signature Reason:** Transfer of Patient Care**Paragraph Text:****Status:** Signed**Signature Graphic:****Printed Name:****Signature Date:** 01/16/2025 15:16:54**Unit Notified:** 01/16/2025**Patient Name:** Hart, Claire**Date Printed:** 01/21/2025 08:58

Incident #: 250000253

Call #: C9374711